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FACSIMILE COVER SHEET**** THIS FACSIMILE TRANSMISSION WILL NOT BE MAILED ****Date: July 20, 2006File Number: 07EW-119695Total number of pages:
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Sheppard Mullin at 858-720-8900**TO:**

U.S. Patent and Trademark Office

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Telephone No.From: David E. HeiseyRe: Application No. 10/716,534 – Revocation/Power of AttorneySender's Name: Pridge McDougall

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MESSAGE: Please see attached.**Certificate of Transmission under 37 CFR 1.8**

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David E. Heisey

1. Transmittal (1 pg.); and
2. Revocation of Power of Attorney with New Power of Attorney and
Change of Correspondence Address (1 pg.)

First Named Inventor:

Robert Gilmour

Title:

ANKLE STRAPS WITH FIRM CLOSURE

Application No.:

10/716,534Filing Date: November 20, 2003

Examiner:

Shumaya B. AliGroup Art Unit: 3743

Our Docket No.:

07EW-119695Date Faxed: 07/20/06

Client:

OMNI life science, Inc.Date Due: N/A

Atty/Sec.:

Heisey/McDougall

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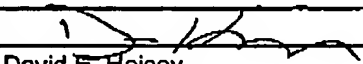
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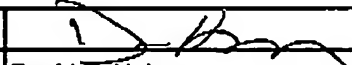
TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	10/716,534	
	Filing Date	November 20, 2003	
	First Named Inventor	Robert Gilmour	
	Art Unit	3743	
	Examiner Name	Shumaya B. Ali	
Total Number of Pages in This Submission	2	Attorney Docket Number	07EW-119691 (formerly 4502-1068)

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input checked="" type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
<div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;">Remarks</div>		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name	Sheppard, Mullin, Richter & Hampton, LLP		
Signature			
Printed name	David E. Heisey		
Date	July 20, 2006	Reg. No.	42,651

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Signature			
Typed or printed name	David E. Heisey	Date	July 20, 2006

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	10/716,534
	Filing Date	November 20, 2003
	First Named Inventor	Robert Gilmour
	Art Unit	3743
	Examiner Name	Shumaya B. Ali
	Attorney Docket Number	07EW-119695 (formerly 4504-1068)

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number:

30764

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

30764

OR

<input type="checkbox"/> Firm or Individual Name				
Address				
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.

Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Robert Gilmour		
Date	July 18, 2006	Telephone	649 3370566

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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